

DO NOT USE THIS SPACE ISSUED BY		PERSONAL HISTORY STATEMENT		THIS DATE (Fill In)	
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)			2. AGE		3. SEX
					<div style="display: flex; justify-content: space-between;"> MALE FEMALE </div>
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
10. SCARS (Type and Location)					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
14. CURRENT PHONE NO.			15. OFFICE PHONE NO. & EXT.		16. LEGAL RESIDENCE (State, Territory or Country)
17. NICKNAMES			18. OTHER NAMES YOU HAVE USED		
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). \$			3. DATE AVAILABLE FOR EMPLOYMENT		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
OCCASIONALLY		FREQUENTLY		CONSTANTLY	
				OTHER:	
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
WASHINGTON, D.C.		ANYWHERE IN U.S.		CERTAIN LOCATIONS ONLY (Specify):	
OUTSIDE CONTINENTAL U.S.					
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.					

SECTION III Approved For Release 2005/04/21 : CIA-RDP66B00403R000100370155-8										
1. DATE OF BIRTH		2. PLACE OF BIRTH (City, State, Country)				3. PRESENT CITIZENSHIP (Country)				
4. CITIZENSHIP ACQUIRED BY					5. DATE NATURALIZED		6. NATURALIZATION CERTIFICATE NO.			
BIRTH		MARRIAGE		OTHER (Specify):						
7. COURT ISSUING NATURALIZATION CERTIFICATE					8. ISSUED AT (City, State, Country)					
9. HAVE YOU HELD PREVIOUS NATIONALITY					10. IF YES, GIVE NAME OF COUNTRY					
YES		NO								
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.										
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP					13. GIVE PARTICULARS					
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?										
15. DATE OF ARRIVAL IN U.S.			16. PORT OF ENTRY				17. ON PASSPORT OF WHAT COUNTRY			
18. LAST U.S. VISA (No., Type, Place of Issue)										
19. DATE VISA ISSUED										
SECTION IV EDUCATION										
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED										
LESS THAN HIGH SCHOOL GRADUATE					OVER TWO YEARS OF COLLEGE - NO DEGREE					
HIGH SCHOOL GRADUATE					BACHELOR'S DEGREE					
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE					GRADUATE STUDY LEADING TO HIGHER DEGREE					
TWO YEARS COLLEGE OR LESS					MASTER'S DEGREE			DOCTOR'S DEGREE		
2. ELEMENTARY SCHOOL										
1. NAME OF ELEMENTARY SCHOOL					2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)					4. GRADUATE					
					YES			NO		
3. HIGH SCHOOL										
1. NAME OF HIGH SCHOOL					2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)					4. GRADUATE					
					YES			NO		
1. NAME OF HIGH SCHOOL					2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)					4. GRADUATE					
					YES			NO		
4. COLLEGE OR UNIVERSITY STUDY										
NAME AND LOCATION OF COLLEGE OR UNIVERSITY				SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HOURS (Specify)
				MAJOR MINOR		FROM TO				

SECTION IV CONTINUED TO PAGE 3

SECTION IV CONTINUED FROM PAGE 2

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V

FOREIGN LANGUAGE ABILITIES

1. LANGUAGE <i>(List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)</i>	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak															HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

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NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESI- DENCE	TRAVEL	STUDY	WORK ASSIGN- MENT

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

TYPING AND STENOGRAPHIC SKILLS

SECTION VIII

SPECIAL QUALIFICATIONS

3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (*Indicate CW speed, sending and receiving*), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

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SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? ☐ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (*Provide License Registry Number, if known*).

6. FIRST LICENSE OR CERTIFICATE (*Year of Issue*)

7. LATEST LICENSE OR CERTIFICATE (*Year of Issue*)

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (*Do NOT submit copies unless requested*). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (*Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.*).

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION IX

EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (<i>From and To - By Mo. and Yr.</i>)		2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (<i>No., Street, City, State, Country</i>)			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (<i>If Federal Service</i>)
		\$ PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			

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2	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				
3	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				
4	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				
5	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
			\$	PER
9. DESCRIPTION OF DUTIES				
10. REASONS FOR LEAVING				

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SECTION IX CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
	1. INCLUSIVE DATES (<i>From and To - By Mo. and Yr.</i>)	2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (<i>No., Street, City, State, Country</i>)		
	4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
	6. TITLE OF JOB	7. SALARY OR EARNINGS \$ PER	8. CLASS. GRADE (<i>If Federal Service</i>)
6	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
	1. INCLUSIVE DATES (<i>From and To - By Mo. and Yr.</i>)	2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (<i>No., Street, City, State, Country</i>)		
	4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
	6. TITLE OF JOB	7. SALARY OR EARNINGS \$ PER	8. CLASS. GRADE (<i>If Federal Service</i>)
7	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.			
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS			

SECTION X Approved For Release 2005/04/21 : CIA-RDP66B00403R000100370155-8													
MILITARY SERVICE 1. CURRENT DRAFT STATUS													
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)				YES NO		2. SELECTIVE SERVICE CLASSIFICATION			3. SELECTIVE SERVICE NO.				
4. IF DEFERRED, GIVE REASON						5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS							
2. MILITARY SERVICE RECORD													
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP													
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify):				
HAVE SERVED →													
NOW SERVING →													
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)													
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)						4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)							
5. DATE ENTERED ACTIVE DUTY →	PAST SERVICE		CURRENT SERVICE		6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION								
7. RANK, GRADE OR RATE →	PAST SERVICE		CURRENT SERVICE		8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)								
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE			PAST SERVICE					CURRENT SERVICE					
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE			PAST SERVICE					CURRENT SERVICE					
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)													
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY													
HONORABLE DISCHARGE		RETIREMENT FOR SERVICE				UNDUE HARSHIPS							
RELEASE TO INACTIVE DUTY		RETIREMENT FOR COMBAT DISABILITY				OTHER:							
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY											
13. CHECK (X) COMPONENT IN WHICH YOU SERVED													
REGULAR		RESERVE (Including the National and Air National Guard)					OTHER (Including AUS)						
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS													
1. DO YOU NOW HAVE RESERVE STATUS?		YES NO		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?			YES NO		3. ARE YOU NOW A MEMBER OF THE ROTC?			YES NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW													
ARMY		MARINE CORPS		NATIONAL GUARD		COAST GUARD		NAVY ROTC		INDICATE ROTC CATEGORY NUMBER			
NAVY		AIR FORCE		AIR NAT'L. GUARD		ARMY ROTC		AIR FORCE ROTC					
5. CURRENT RANK, GRADE OR RATE				6. DATE OF APPOINTMENT IN CURRENT RANK				7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION					
8. CHECK (X) CURRENT RESERVE CATEGORY				READY RESERVE		STANDBY(Active)		STANDBY(Inactive)		RETIRED			
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE						10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE							
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES													
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT				YES NO		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS							
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?				YES NO		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS							
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY				YEARS		MONTHS		17. WHERE ARE YOUR SERVICE RECORDS KEPT?					

SECTION XI

FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

☐ YES☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION

ADDRESS (City, State, Country)

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY,

☐ YES☐ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES

NAME

ADDRESS (No., Street, City, State)

7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?

☐ YES☐ NO

8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?

☐ YES☐ NO

(If answer "YES", furnish details on separate sheet.)

SECTION XII

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY:

2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé.

3. NAME (First) (Middle) (Maiden) (Last)

4. STATE ANY OTHER NAMES EVER USED

INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.

5. DATE OF MARRIAGE

6. PLACE OF MARRIAGE (City, State, Country)

7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

8. LIVING

9. DATE OF DEATH

10. CAUSE OF DEATH

YES NO

11. CURRENT ADDRESS (Give last address, if deceased)

12. DATE OF BIRTH

13. PLACE OF BIRTH (City, State, Country)

14. CITIZENSHIP

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SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY		15. PLACE OF ENTRY	
16. FORMER CITIZENSHIP(S) [Country(ies)]		17. DATE U.S. CITIZENSHIP ACQUIRED	18. WHERE ACQUIRED (City, State, Country)
19. OCCUPATION		20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers)	
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)			
22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.)			
23. BRANCH OF SERVICE		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS

2. NUMBER OF CHILDREN (Including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.	3. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.
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SECTION XIV FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle)		2. LIVING YES NO		3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country)					
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)			9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY			
12. FORMER CITIZENSHIP(S) [Country(ies)]		13. DATE U.S. CITIZENSHIP ACQUIRED		14. WHERE ACQUIRED (City, State, Country)	
15. OCCUPATION		16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed)			
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED					
18. DATES OF MILITARY SERVICE (From-and-To)		19. BRANCH OF SERVICE		20. COUNTRY	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN					

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SECTION XV**MOTHER** (Give same information for Stepmother on separate sheet)

1. FULL NAME (Last-First-Middle)		2. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)					
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)			9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S.- DATE OF ENTRY		11. PLACE OF ENTRY			
12. FORMER CITIZENSHIP(S) [Country(ies)]		13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)		
15. OCCUPATION		16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed)			
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED					
18. DATES OF MILITARY SERVICE (From-and-To)		19. BRANCH OF SERVICE		20. COUNTRY	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN					

SECTION XVI**BROTHERS AND SISTERS** (Including Half-, Step- and Adopted Brothers and Sisters)

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
5	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
6	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
7	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
8	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE

SECTION XVII				FATHER-IN-LAW			
1. FULL NAME (Last-First-Middle)		2. LIVING <div style="display: flex; justify-content: space-around;">YESNO</div>		3. DATE OF DEATH		4. CAUSE OF DEATH	
5. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.					
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)							
7. DATE OF BIRTH		8. PLACE OF BIRTH (City, State, Country)				9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY				11. PLACE OF ENTRY			
12. FORMER CITIZENSHIP(S) [Country(ies)]		13. DATE U.S. CITIZENSHIP ACQUIRED		14. WHERE ACQUIRED (City, State, Country)			
15. OCCUPATION		16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)					

SECTION XVIII				MOTHER-IN-LAW			
1. FULL NAME (Last-First-Middle)		2. LIVING <div style="display: flex; justify-content: space-around;">YESNO</div>		3. DATE OF DEATH		4. CAUSE OF DEATH	
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.					
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)							
7. DATE OF BIRTH		8. PLACE OF BIRTH (City, State, Country)				9. CITIZENSHIP	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY				11. PLACE OF ENTRY			
12. FORMER CITIZENSHIP(S) [Country(ies)]		13. DATE U.S. CITIZENSHIP ACQUIRED		14. WHERE ACQUIRED (City, State, Country)			
15. OCCUPATION		16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)					

SECTION XIX				RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
2	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP		3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES			5. EMPLOYED BY			
	6. CITIZENSHIP (Country)		7. FREQUENCY OF CONTACT		8. DATE OF LAST CONTACT		
3	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP		3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES			5. EMPLOYED BY			
	6. CITIZENSHIP (Country)		7. FREQUENCY OF CONTACT		8. DATE OF LAST CONTACT		
4	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP		3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES			5. EMPLOYED BY			
	6. CITIZENSHIP (Country)		7. FREQUENCY OF CONTACT		8. DATE OF LAST CONTACT		
5	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP		3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES			5. EMPLOYED BY			
	6. CITIZENSHIP (Country)		7. FREQUENCY OF CONTACT		8. DATE OF LAST CONTACT		

SECTION XIX CONTINUED TO PAGE 13

SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

SECTION XX

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
1	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
2	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
2	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
3	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
3	5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

SECTION XXI

REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S., WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)

SECTION XXII Approved For Release 2005/04/21 : CIA-RDP66B00403R000100370155-8
CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (Include membership in, or support of, any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO

SECTION XXIII RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO

SECTION XXIV

ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?		YES
		NO
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN		
3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?	YES NO	4. IF SO, TO WHAT EXTENT?
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?	YES NO	6. IF SO, TO WHAT EXTENT?
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.		
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940		
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.		

NOTE SPECIAL INSTRUCTIONS

If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.	YES NO
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.	YES NO
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.	YES NO

SECTION XXV

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (First-Middle-Last)	2. RELATIONSHIP
3. HOME ADDRESS (No., Street, City, Zone, State, Country)	4. HOME PHONE NO.
5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE	6. BUSINESS PHONE NO. & EXT.
7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.	

SECTION XXVI **Approved For Release 2005/04/21 : CIA-RDP66B00403R000100370155-8**

**YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION
WILL BE INVESTIGATED.**

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES

2. SIGNATURE OF APPLICANT

3. SIGNED AT (City and State)

4. SIGNATURE OF WITNESS

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

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